2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113351

1. Entity Name

GREYLOR DYNESCO COMPANY



Principal Place of Business

Mailing Address

2340 ANDALUSIA BLVD. CAPE CORAL, FL 33909 2340 ANDALUSIA BLVD. CAPE CORAL, FL 33909

US

FILED Apr 18, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2273351

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J 6719 WINKLER RD., SUITE 121 FT. MYERS, FL 33919

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	
SI	SNATURE	DATE
	Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)	JAIE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PT MILE NAME BECHER, NANCY S 2340 ANDALUSIA BLVD. STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 VS TITLE BECHER, JAMES J NAME 2340 ANDALUSIA BLVD. STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2

NAME STREET ADDRESS CITY+ST-ZIP

INATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-12-07

Date

Daytime Phone #